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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number** DIGI8

**First Named Inventor** Duchesne

**COMPLETE IF KNOWN**

**Application Number** /

**Filing Date**

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RAID SYSTEM HAVING CHANNEL CAPACITY UNAFFECTED BY  
ANY SINGLE COMPONENT FAILURE**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name  Customer or label  
OR  
 List registered practitioner(s) name and registration number below:

Name	Registration Number	Name	Registration Number
William S. Ramsey	32,715		

Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:  Customer Number or label  OR  Correspondence address below

Name William S. Ramsey  
Address Ramsey & Associates, P.C.  
Address 5253 Even Star Place  
City Columbia, State MD ZIP 21044  
Country USA Telephone 410-730-9467 Fax 410-730-9467

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name	Raymond	Middle Initial	Family Name	Duchesne	Suffix e.g. Jr.
Inventor's Signature					Date X 2/16/2001

Residence: City Round Hill State VA Country US Citizenship US

Post Office Address 19319 Airmont Road

Post Office Address

City	Round Hill	State	VA	Zip	20141	Country	US	Applicant Authority
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Additional inventors are being named on supplemental sheet(s) attached hereto

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# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Tomlinson	Middle Initial		Family Name	Rauscher	Suffix e.g. Jr.
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Inventor's Signature	X Tomlinson G. Rauscher	Date	X 2/16/01
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Residence: City	Ellicott City	State	MD	Country	US	Citizenship	US
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Post Office Address	9517 Valley Mede Court						
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Post Office Address							
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City	Ellicott City	State	MD	Zip	21042	Country	US	Applicant Authority
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Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
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Inventor's Signature					Date		
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Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
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Inventor's Signature					Date		
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Inventor's Signature					Date		
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Residence: City		State		Country		Citizenship	
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Additional inventors are being named on supplemental sheet(s) attached hereto